adverse lymph current. Infection of the ureter usually occurs in a similar manner—by direct ascension through the lumen, aided perhaps by postoperative over-distention of the bladder. The same factors prevent the transmission of organisms through the ureteral as through the vesical wall. The kidneys are infected most commonly by ascension through the ureter, less frequently through the blood current. In the latter cases the organisms originate from the operative area, not from the intestine, becoming scattered into the blood during the operation, and then partially excreted by the kidney. Of the organisms which may infect the kidney in this manner, the staphylococcus is unquestionably the most dangerous. Once the renal cortex is involved, the organisms may spread to the capsule and cause a perinephric infection. For the fatty capsule, still another mode of infection must be taken into consideration, however, the lymph channels in the connective tissue along the ureters from the true pelvis to the kidneys. Infection by this route causes a perinephritis, which may spread secondarily to the kidney substance.

Influence of Myomas on the Blood Supply of the Uterus.—In continuation of some studies into the blood supply of myomas themselves, published about a year ago, SAMPSON (*Surg., Gyn., and Obst.*, 1913, xvi, 144) now reports the results of his investigations into the effect that the presence of such tumors has upon the circulation of the uterus. The method pursued in both these lines of investigation has been to inject large numbers of myomatous uteri with various substances, in some cases using colored gelatine masses, red for the arterial system, blue for the venous, in others, radio-impenetrable substances, and then to make slices of the organs in various directions, studying these by direct inspection and by means of radiographs. Sampson has found that small and moderate-sized subserous myomas (up to 10 cm. in diameter) do not disturb the uterine circulation, and do not alter menstruation. Larger subserous tumors may produce marked enlargement of the branches of the uterine artery from which they derive their nourishment, and may also give rise to large venous channels in their pedicle and in the peripheral zone of the uterus, but the "radial zone," immediately surrounding the endometrium, which is normally anemic, remains unaffected. There is therefore no excessive escape of blood into the uterine cavity in these cases, and menstruation in them also is unchanged. Occasionally, however, the large venous channels in the pedicle become injured by movements of the tumor, and give rise to hemorrhage into the peritoneal cavity. Intramural myomas do not appear to alter the arterial blood supply of the uterus to an appreciable extent, unless present in very large numbers, in which case the uterine arteries may be somewhat enlarged. The venous plexus of the myometrium may show about the tumors a localized, or even a general dilatation, varying with their size, and when the myomas are very numerous there may be an increase in the thickness of the uterine wall, due to an actual hypertrophy of the myometrium, to a dilatation of the venous plexus, or to a combination of both these factors. Such tumors do not greatly interfere with the circulation of the uterus, and do not usually alter menstruation, although they may indirectly cause menorrhagia or metrorrhagia, the factor of muscular insufficiency probably playing an important role in these cases. Intramural myomas which encroach on the uterine cavity cause an atrophy and anemia of the mucosa immediately over them; the remaining endometrium is usually hypertrophied, and its venous plexus more dilated than normal. It is from this portion of the endometrium, and not from that encroached upon by the tumors, that the menstrual flow occurs. When excessive hemorrhage takes place in these cases, it is probably due to failure of the uterine muscle to control properly this excessive amount of venous blood, and to a slow regeneration of the endometrium. Occasionally dilated veins in the endometrium over the tumor may become eroded, and give rise to bleeding, but this is not very common. Submucous myomas represent merely a later stage of the intramural variety; the veins over the surface of these are more exposed to injury or degeneration than with intramural tumors, but even here the source of profuse menstruation is usually the portion of the endometrium not encroached upon.

DERMATOLOGY

UNDER THE CHARGE OF

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Cosmetic and Toilet Powders.—Kapp (*Dermat. Woch.*, 1912, No. 16) concludes that the vegetable powders always injure the skin in a mechanical way through the swelling of the granules in the follicles. Rice powder is the least injurious, as it swells the least. Concerning mineral powders the sharp edges of the crystals of some of them may injure the skin. Zinc oxide, precipitated magnesium carbonate, and magnesium silicate being the least objectionable. Bacteriological examinations go to show the possibility of the transmission of various diseases by means of powder puffs and the like.

Noguchi Luetin Reaction in Dermatology.—D. O. Robinson (*Jour. Cutan. Dis.*, August, 1912) states that luetin is the extract prepared from pure cultures of the Spirocheta pallida, and is intended for use in the diagnosis of syphilis as von Pirquet's test is for tuberculosis. Noguchi informs us that the extract of the pallida, which he designates "luetin" does not produce any marked inflammation in the skin of non-syphilitics, while it gives a definite lesion formation in most cases of tertiary, latent, and late hereditary syphilis. Robinson's conclusions are in effect that the luetin reaction was found to be specific for syphilis and affords a means of diagnosis in certain cases.